

211000057649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch FEB - 3 2014

✓

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCR Properties 1 LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Scott Richbourg  
(Contact Person)

SCR Properties 1 LLC (L11000057649)  
(Firm/Company)

9105 Bay Point Dr  
(Address)

Orlando, FL 32819  
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Richbourg at (917) 826-6946  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

CR2E079 (12/13)

- Please remove Paramour Capital LLC  
as a Member of SCR Properties 1 LLC



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SCR Properties 1 LLC

2. The Florida document/registration number of this limited liability company is:

L11000057649

3. The date this member withdrew or will withdraw is: December 27, 2013

4. I PARAMOUR Capital LLC, hereby resign as a MGRM  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Michael Q. Kramer  
Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

14 JAN 23 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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